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Fill in this information to identify your case:			
United States Bankruptcy Court for the:			
NORTHERN DISTRICT OF ILLINOIS	-		
Case number (if known)	Chapter you are filing under:		
	Chapter 7		
	☐ Chapter 11		
	☐ Chapter 12		
	☐ Chapter 13	_	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Kamal First name S Middle name	First name Middle name
	Bring your picture identification to your meeting with the trustee.	Ashrafi Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2338	

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Debtor 1 Kamal S Ashrafi

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		601 W. St. Johns Place Addison, IL 60101			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		DuPage County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Kamal S Ashrafi

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Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District Case number District When When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? □ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Document Debtor 1 Kamal S Ashrafi

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Par	Report About Any Bu	sinesses	You Owr	as a Sole Proprie	tor			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	and location of bus	iness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	e of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach			Number, Street, City, State & ZIP Code				
	it to this petition.				x to describe your business:			
					ness (as defined in 11 U.S.C. § 101(27A))			
				· ·	Estate (as defined in 11 U.S.C. § 101(51B))			
				,	efined in 11 U.S.C. § 101(53A))			
				-	r (as defined in 11 U.S.C. § 101(6))			
				None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline: operation	f you are filing under Chapter 11, the court must know whether you are a small business debtor so that leadlines. If you indicate that you are a small business debtor, you must attach your most recent balance perations, cash-flow statement, and federal income tax return or if any of these documents do not exist a 11 U.S.C. 1116(1)(B).					
	For a definition of small	■ No.	I am r	not filing under Chap	oter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrup Code. 					
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?				
	public health or safety? Or do you own any property that needs			diate attention is				
	immediate attention?		needed,	why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?				
					Number, Street, City, State & Zip Code			

Debtor 1 Kamal S Ashrafi

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

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Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do vou □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Kamal S Ashrafi Signature of Debtor 2 Kamal S Ashrafi Signature of Debtor 1 Executed on Executed on June 2, 2017 MM / DD / YYYY MM / DD / YYYY

Debtor 1

Kamal S Ashrafi

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For your attorney, if you are represented by one

Kamal S Ashrafi

Debtor 1

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jay M.	Reese	Date	June 2, 2017
Signature of	f Attorney for Debtor		MM / DD / YYYY
Jay M. Red	ese		
Printed name			
Law Office	es of Jay M. Reese, P.C.		
Firm name			
262 W. Ful	llerton Avenue		
Addison, I	IL 60101		
Number, Street,	City, State & ZIP Code		
Contact phone	630-628-0773	Email address	lawofficeofjmreese@sbcglobal.net
2301873			
Bar number & S	tate		

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		DUCUITIETIL	raue o or so		
Fill in this infor	mation to identify your	case:			
Debtor 1	Kamal S Ashrafi				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF II	LINOIS	_	
Case number					
(if known)					Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your as Value o	ssets of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55. Total real estate, from Schedule A/B		
1b. Copy line 62, Total personal property, from Schedule A/B		
1c. Copy line 63, Total of all property on Schedule A/B	\$	43,450.00
2: Summarize Your Liabilities		
		abilities t you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	19,314.32
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	75,986.68
Your total liabilities	\$	95,301.00
3: Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,600.00
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,560.00
4: Answer These Questions for Administrative and Statistical Records		
Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
■ Yes What kind of debt do you have?		
	1a. Copy line 55, Total real estate, from Schedule A/B	1a. Copy line 55, Total real estate, from Schedule A/B

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Kamal S Ashrafi

From Part 4 on Schedule E/F, copy the following:	Total cla	im
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Desc Main Case 17-17095 Doc 1 Filed 06/02/17 Entered 06/02/17 15:58:14 6/02/17 3:56PM Page 10 of 50 Document Fill in this information to identify your case and this filing: Debtor 1 Kamal S Ashrafi Middle Name Last Name First Name Debtor 2 Middle Name First Name Last Name (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Honda Who has an interest in the property? Check one Make: 3 1 the amount of any secured claims on Schedule D: Accord Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2015 Debtor 2 only Current value of the Current value of the 70000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$19,000.00 \$19,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$19,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Nο

Official Form 106A/B Schedule A/B: Property

Document Page 11 of 50 Case number (if known) Debtor 1 Kamal S Ashrafi ☐ Yes. Describe..... 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$500.00 Lap top computer Apple Macbook air 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No Yes. Describe..... **Mountain Bike** \$200.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$200.00 Clothes and shoes 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... Fit Bit watch \$100.00 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,000.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets

Official Form 106A/B

Do you own or have any legal or equitable interest in any of the following?

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Current value of the portion you own?
Do not deduct secured

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				claims	or exemptions.
16.	Cash Examples: Money you have □ No	in your wallet, in your hon	ne, in a safe deposit box, and	on hand when you file your petition	or oxompilotto.
	■ Yes				
				Cash	\$20.00
_					
17.	institutions. If you		unts; certificates of deposit; sh with the same institution, list e	nares in credit unions, brokerage houses, and each.	other similar
	□ No		Institution name:		
	Yes		mondion name.		
	17	7.1. Checking	US Bank		\$430.00
18.	Bonds, mutual funds, or pu Examples: Bond funds, inves ■ No □ Yes		erage firms, money market a	ccounts	
19.	Non-publicly traded stock a joint venture	and interests in incorpor	rated and unincorporated b	usinesses, including an interest in an LLC,	partnership, and
	☐ Yes. Give specific informa	tion about them Name of entity:		% of ownership:	
20.		de personal checks, cash are those you cannot tran	iable and non-negotiable in iers' checks, promissory note sfer to someone by signing o	es, and money orders.	
21.	Retirement or pension according Examples: Interests in IRA, I		3(b), thrift savings accounts,	or other pension or profit-sharing plans	
	■ Yes. List each account sep Ty	arately. pe of account:	Institution name:		
	P	ension from AT& T	Fidelity		\$23,000.00
		posits you have made so t landlords, prepaid rent, p	Institution name or indiv	ater), telecommunications companies, or other	s
	■ No		,		
24.	Interests in an education IR 26 U.S.C. §§ 530(b)(1), 529A		alified ABLE program, or ui	nder a qualified state tuition program.	
	■ No □ YesInstituti	on name and description.	Separately file the records of	f any interests.11 U.S.C. § 521(c):	
25.	Trusts, equitable or future i ■ No □ Yes. Give specific informa	, .	her than anything listed in I	ine 1), and rights or powers exercisable for	your benefit

Debtor 1

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Case number (if known) Debtor 1 Kamal S Ashrafi 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$23,450,00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

for Part 4. Write that number here.....

	Case 17-17095	DOC 1	Document	Page 14 of	6/02/17 15:58:14 50	Desc Main	6/02/17 3:56PM
Debto	r 1 Kamal S Ashrafi		Document	- age 14 or	Case number (if known)		
37. Do	you own or have any legal or equi	table interest in	n any business-related p	roperty?			
■ N	o. Go to Part 6.						
ΠY	es. Go to line 38.						
Part 6:	Describe Any Farm- and Comme If you own or have an interest in fa			n or Have an Interes	st In.		
46. D c	you own or have any legal or	equitable int	erest in any farm- or	commercial fishir	ng-related property?		
	No. Go to Part 7.						
	Yes. Go to line 47.						
Part 7:	Describe All Property You (Own or Have ar	n Interest in That You Di	d Not List Above			
	you have other property of ar xamples: Season tickets, country No						
	Yes. Give specific information						
54. A	add the dollar value of all of yo	our entries fro	om Part 7. Write that n	number here			\$0.00
Part 8:	List the Totals of Each Part of	of this Form					
55. F	Part 1: Total real estate, line 2						\$0.00
56. F	Part 2: Total vehicles, line 5			\$19,000.00		-	
57. F	Part 3: Total personal and hous	sehold items,	line 15	\$1,000.00			
58. F	Part 4: Total financial assets, li	ne 36		\$23,450.00			
59. F	art 5: Total business-related p	property, line	45	\$0.00			
60. F	Part 6: Total farm- and fishing-	related prope	erty, line 52	\$0.00			
61. F	Part 7: Total other property not	listed, line 5	+	\$0.00			
62. 1	otal personal property. Add lin	nes 56 through	n 61	\$43,450.00	Copy personal property to	otal :	\$43,450.00

63. **Total of all property on Schedule A/B**. Add line 55 + line 62

\$43,450.00

Page 15 of 50 Document Fill in this information to identify your case: Debtor 1 Kamal S Ashrafi Middle Name Last Name First Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemption	ons are vou claim	ina? Chec	k one only, ever	n if vour spouse	is filing with you

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
2015 Honda Accord 70000 miles Line from Schedule A/B: 3.1	\$19,000.00		\$2,400.00	735 ILCS 5/12-1001(c)	
Line Holli Schedule A/B. 3.1			100% of fair market value, up to any applicable statutory limit		
Lap top computer Apple Macbook	\$500.00		\$500.00	735 ILCS 5/12-1001(b)	
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit		
Mountain Bike Line from Schedule A/B: 9.1	\$200.00		\$200.00	735 ILCS 5/12-1001(b)	
Line IIoiii Schedule A/B. 3.1			100% of fair market value, up to any applicable statutory limit		
Clothes and shoes Line from Schedule A/B: 11.1	\$200.00		\$200.00	735 ILCS 5/12-1001(a)	
Life from Schedule A/D. 1111			100% of fair market value, up to any applicable statutory limit		
Fit Bit watch Line from Schedule A/B: 12.1	\$100.00		\$100.00	735 ILCS 5/12-1001(b)	
Line IIoni Schedule A/B. 12.1			100% of fair market value, up to any applicable statutory limit		

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De	btor 1 Kamal S Ashrafi	Boodinent	•	Case number (if known)		
Brief description of the property and line of Schedule A/B that lists this property		Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	Cash Line from Schedule A/B: 16.1	\$20.00		\$20.00	735 ILCS 5/12-1001(b)	
				100% of fair market value, up to any applicable statutory limit		
	Checking: US Bank Line from Schedule A/B: 17.1	\$430.00		\$430.00	735 ILCS 5/12-1001(b)	
LII	Line IIIIII Scriedule AVB. 17.1			100% of fair market value, up to any applicable statutory limit		
	Pension from AT& T: Fidelity Line from Schedule A/B: 21.1	\$23,000.00		\$23,000.00	735 ILCS 5/12-1006	
	Line Iron Schedule Arb. 21.1			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every ■ No □ Yes. Did you acquire the property cover	3 years after that for ca	ses fi	,	,	
	□ No	, , , , , , , , , , , , , , , , , , , ,		, ,		
	☐ Yes					

	Case 17-17095	Doc 1 Filed 06/02/17 Document	Entered Page 17	l 06/02/17 15:58 of 50	3:14 Desc M	lain 6/02/17 3:56P
Fill in this i	nformation to identify you					
Debtor 1	Kamal S Ashrat	ii			1	
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing	j) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS						
Offica Otate	bo Barikraptoy Coart for the	NORTHERN DIGITIES OF IEEE	11010			
Case numbe	er				Charle	Makin in an
(ii Kilowii)					_	if this is an led filing
						.oug
Official F	orm 106D					
Schedu	ule D: Creditors	Who Have Claims S	Secured	by Property		12/15
	py the Additional Page, fill it	If two married people are filing togethe out, number the entries, and attach it to				
•	ditors have claims secured b	y your property?				
□ No. C	Check this box and submit t	his form to the court with your other s	schedules. Yo	u have nothing else to re	eport on this form.	
■ Yes.	Fill in all of the information	below.		Ŭ		
	ist All Secured Claims					
		more than an accurad plain list the area	liter concretely	Column A C	Column B	Column C
for each claim	n. If more than one creditor has	more than one secured claim, list the creditor separately s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.		Do not deduct the	alue of collateral hat supports this laim	Unsecured portion If any
2.1 Bank	of America	Describe the property that secures the	ne claim:	\$19,314.32	\$0.00	\$19,314.32
Creditor's	s Name	Automobile purchase loan				
_	Box 45144 sonville, FL 32231	As of the date you file, the claim is: capply. Contingent	Check all that			
Number,	, Street, City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes t	he debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 c	•	An agreement you made (such as m	nortgage or secu	ıred		
Debtor 2 only car loan)						
□ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien)						
At least one of the debtors and another Ugudgment lien from a lawsuit						
☐ Check if t commun	this claim relates to a lity debt	☐ Other (including a right to offset) _				
Date debt wa	os incurred <u>04/2017</u>	Last 4 digits of account numb	er <u>5980</u>			
Add the do	llar value of your entries in C	column A on this page. Write that numb	er here:	\$19,314.3	32	

Part 2: List Others to Be Notified for a Debt That You Already Listed

If this is the last page of your form, add the dollar value totals from all pages.

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$19,314.32

Official Form 106D

Write that number here:

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Desc Main 6/02/17 3:56PM Page 18 of 50 Document Fill in this information to identify your case: Debtor 1 Kamal S Ashrafi Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 Advocate Medical Group Last 4 digits of account number 3578 \$100.00 Nonpriority Creditor's Name 75 Remittance Dr. When was the debt incurred? 12/2016 **Suite 1773** Chicago, IL 60675 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Other, Specify

Medical

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Case number (if know)

4.2	AES/EFS FI	Last 4 digits of account number	4344	\$15,007.00		
	Nonpriority Creditor's Name P.O. Box 61047	When was the debt incurred?	01/2016			
	Harrisburg, PA 17106 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i				
	Debtor 1 only	Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	■ Other. Specify Student Lo	an			
4.3	Associated Pathology Consultants	Last 4 digits of account number	9987	\$10.50		
	Nonpriority Creditor's Name 2634 Solutions Center	When was the debt incurred?	08/2016			
	Chicago, IL 60677	A control of the state of the s				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	No	Debts to pension or profit-sharin				
	Yes	Other. Specify Medical				
4.4	AT & T	Last 4 digits of account number	3305	\$119.72		
	Nonpriority Creditor's Name	-		· ·		
	PO Box 5014	When was the debt incurred?	2017			
	Carol Stream, IL 60197-5014 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	,				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
		■ Other. Specify Home Phor				

Debtor 1 Kamal S Ashrafi

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Debtor	1 Kamal S Ashrafi	Case number (if know)	
4.5	Bank of America	Last 4 digits of account number 1606	\$22,167.00
	Nonpriority Creditor's Name PO Box 982238 El Paso, TX 79998-2238	When was the debt incurred? 12/2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit - Charge Off	
4.6	Best Buy/CBNA Nonpriority Creditor's Name	Last 4 digits of account number 4625	\$3,679.78
	P.O. Box 6497 Sioux Falls, SD 57117	When was the debt incurred? 01/2017	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit - Charge off	
4.7	Citi	Last 4 digits of account number 2033	\$16,778.19
	Nonpriority Creditor's Name P.O. Box 6004	When was the debt incurred?	
	Sioux Falls, SD 57117-6004 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card account balance	

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DuPage Medical Group	Last 4 digits of account number 5491	\$229.44				
Nonpriority Creditor's Name 15921 Collections Center Drive Chicago, IL 60693	When was the debt incurred? 12/2016					
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that y report as priority claims	ou did not				
■ No	\square Debts to pension or profit-sharing plans, and other similar debts					
Yes	Other. Specify Medical					
Elk Grove Radiology S.C.	Last 4 digits of account number 060A	\$15.68				
Nonpriority Creditor's Name 9410 Compubil Dr. Orland Park, IL 60462	When was the debt incurred? 2017					
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply					
Who incurred the debt? Check one.	,					
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that y report as priority claims	ou did not				
■ No	\square Debts to pension or profit-sharing plans, and other similar debts					
Yes	Other. Specify Medical					
Elmhurst Emergency Med Srvs	Last 4 digits of account number 7737	\$242.30				
Nonpriority Creditor's Name	When we the debt incurred 2 2047					
P.O. Box 366 Hinsdale, IL 60522	When was the debt incurred? 2017					
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply					
Who incurred the debt? Check one.						
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
☐ Check if this claim is for a community	☐ Student loans					
debt Is the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce that y report as priority claims	ou did not				
■ No	Debts to pension or profit-sharing plans, and other similar debts					
☐ Yes	■ Other. Specify Medical					

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4.1	Elmhurst Emergency Medical Services Nonpriority Creditor's Name	Last 4 digits of account number	9715	\$162.93			
	P.O. Box 366	When was the debt incurred?	08/2016				
	Hinsdale, IL 60522	- A. (1) 140 (1) 150					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	Is: Check all that apply				
	<u> </u>	П					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed	Lateta				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	☐ Yes	■ Other. Specify Medical	g p				
	00	Other. Specify					
4.1	Elmhurst Memorial Hospital	Last 4 digits of account number	4984	\$762.62			
	Nonpriority Creditor's Name Healthy Driven	When was the debt incurred?	09/2016				
	P.O. Box 4052	mion was the asst mountain.	03/2010				
	Carol Stream, IL 60197						
	Number Street City State ZIp Code	As of the date you file, the claim					
	Who incurred the debt? Check one.	_					
	Debtor 1 only	Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community		☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	<u> </u>	Debts to pension or profit-sharin	a plane and other similar debte				
	■ No						
	☐ Yes	Other. Specify Medical					
4.1	Elmhurst Memorial Hospital	Last 4 digits of account number	0300	\$3,559.44			
	Nonpriority Creditor's Name PO Box 4052	When was the debt incurred?	2015				
	Carol Stream, IL 60197-4052						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another						
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	■ Other. Specify Medical					

Debtor 1 Kamal S Ashrafi

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4.1 4	Elmhurst Radiologists C/O	Last 4 digits of account number 82	284	\$15.68
	Nonpriority Creditor's Name OAC PO Box 500	When was the debt incurred?	016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: C	neck all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured cla	im:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separatio report as priority claims	n agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharing pla	ns, and other similar debts	
	Yes	Other. Specify Medical		
4.1	Firestone Nonpriority Creditor's Name	Last 4 digits of account number 16	606	\$349.00
	P.O. Box 81307 Bk 14	When was the debt incurred?)/2016	
	Cleveland, OH 44181			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: C	neck all that apply	
	_	П		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured cla		
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separatio report as priority claims		
	■ No	☐ Debts to pension or profit-sharing pla		
	Yes	Other. Specify Credit -Charge		
1.1	Lumen Cardiovascular Specialists	Last 4 digits of account number 69	001	\$1,145.40
<u> </u>	Nonpriority Creditor's Name	Last 4 digits of account number		V 1,110110
	P.O. Box 12139	When was the debt incurred? 20	016	
	Belfast, ME 04915 Number Street City State Zlp Code	As of the date you file, the claim is: C	and all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is. C	теск ан тпат аррту	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			
		☐ Disputed Type of NONPRIORITY unsecured cla	im:	
	At least one of the debtors and another	☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separatio report as priority claims	n agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing pla		
	Yes	■ Other. Specify Medical		

Debtor 1 Kamal S Ashrafi

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Desc Main

Debtor 1 Kamal S Ashrafi Case number (if know) 4.1 Medical Business Bureau 5889 \$162.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 1219 When was the debt incurred? 03/2017 Park Ridge, IL 60068-7219 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection for Medical Care ☐ Yes 4.1 **PNC Bank** 8646 \$11,480.00 Last 4 digits of account number 8 Nonpriority Creditor's Name P.O. Box 3180 When was the debt incurred? 01/2016 Pittsburgh, PA 15230 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit - Charge off ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Alliance One** Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 4850 Street Rd. Part 2: Creditors with Nonpriority Unsecured Claims Suite 300 Feasterville Trevose, PA 19053 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Client Services, Inc. Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3451 Harry Truman Blvd Part 2: Creditors with Nonpriority Unsecured Claims Saint Charles, MO 63301-4047 Last 4 digits of account number 5356 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Credit Collection Service** Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 725 Canton Street ■ Part 2: Creditors with Nonpriority Unsecured Claims Norwood, MA 02062 Last 4 digits of account number 5134 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Credit First** Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 81410 ■ Part 2: Creditors with Nonpriority Unsecured Claims

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Debtor 1 Kamal S Ashrafi		Case number (if know)			
Cleveland, OH 44181	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 or	, ,			
Crown Asset management	Line 4.7 of (Check one):	Part 1: Creditors with Priority Unsecured Claims			
3355 Breckenridge Blvd Duluth, GA 30095		Part 2: Creditors with Nonpriority Unsecured Claims			
Duluti, OA 00000	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?			
NCC	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
815 Commerce Dr.		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Suite 270 Oak Brook, IL 60523					
Cak Brook, IL 00020	Last 4 digits of account number	5491			
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
Northstar Location Services, LLC	Line 4.5 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
Attn: Financial Services Dept		■ Part 2: Creditors with Nonpriority Unsecured Claims			
PO Box 49 Bowmansville, NY 14026-0049					
20Willansville, 141 14020 0043	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?			
P&B Capital Group, LLC	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
455 Center Rd Buffalo, NY 14224		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Bullalo, N1 14224	Last 4 digits of account number	4126			
Name and Address	On which entry in Part 1 or Part 2 or	did you list the original creditor?			
Tsi	Line 4.16 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims			
500 Virginia Dr.		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Suite 514 Fort Washington, PA 19034					
i oit wasiiiigioii, FA 13034	Last 4 digits of account number				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 75,986.68
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 75,986.68

6/02/17 3:56PM Page 26 of 50 Document Fill in this information to identify your case: Debtor 1 Kamal S Ashrafi Middle Name First Name Last Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the coer, Street, City, State and ZIP Co	ontract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3	-		-		
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_

	Case 17-17095 1	Docume Docume		of 50	6/02/17 3:56PN
Fill in this	s information to identify your				
Debtor 1	Kamal S Ashrafi				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ing) First Name	Middle Name	Last Name		
	ates Bankruptcy Court for the:	NORTHERN DISTRICT			
J J.	atoo Dariin aproy Court for anor		<u> </u>		
Case num (if known)	ber				☐ Check if this is an amended filing
Officia	ll Form 106H				
	dule H: Your Cod	ehtors			12/15
Jenec	dule II. I dul dou	CDIOIS			12/13
ill it out, a our name	e filing together, both are equand number the entries in the eand case number (if known) you have any codebtors? (If y	boxes on the left. Attach . Answer every question.	the Additional Page to	o this page. On the top of a	
_			·		
■ No					
☐ Yes	S				
	thin the last 8 years, have you na, California, Idaho, Louisiana,				tes and territories include
■ No.	. Go to line 3.				
☐ Yes	s. Did your spouse, former spou	ise, or legal equivalent live	with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guarant	or or cosigner. Make s	sure you have listed the cr	th you. List the person shown reditor on Schedule D (Official edule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		Column 2: The credito Check all schedules tha	r to whom you owe the debt at apply:
3.1				☐ Schedule D, line	
<u> </u>	Name			_ □ Schedule E/F, line	
				☐ Schedule G, line _	
-	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
J.2	Name			Schedule E/F, line	
				☐ Schedule G, line _	
-	Number Street			_	

State

City

ZIP Code

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Fill	in this information to identify your	case:		Ī	
	btor 1 Kamal S As			1	
	Tumar • 71	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ouse, if filing)				
Uni	ited States Bankruptcy Court for th	e: NORTHERN DISTRIC	CT OF ILLINOIS		
	se number nown)		-		
0	fficial Form 106I			MM / DD	YYYYY
S	chedule I: Your Inc	ome			12/1
	ch a separate sheet to this form t 1: Describe Employment		onal pages, write your name and	d case number (if known). Answer every question
1.	Fill in your employment	<u>. </u>	Debtor 1	Debto	r 2 or non-filing spouse
1.			Debtor 1 ■ Employed	Debto □ Em	<u> </u>
1.	Fill in your employment information. If you have more than one job, attach a separate page with information about additional	Employment status	_	□ Em	<u> </u>
1.	Fill in your employment information. If you have more than one job, attach a separate page with		■ Employed	□ Em	ployed
1.	Fill in your employment information. If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed □ Not employed	□ Em	ployed
1.	Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or	Employment status Occupation Employer's name	■ Employed □ Not employed Self Employed Uber Drive	□ Em	ployed
1.	Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Employment status Occupation Employer's name	■ Employed □ Not employed Self Employed Uber Driver Self 601 St. Johns Place 26 months, IL 60101	□ Em	ployed
	Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student	Employment status Occupation Employer's name Employer's address How long employed t	■ Employed □ Not employed Self Employed Uber Driver Self 601 St. Johns Place 26 months, IL 60101	□ Em	ployed
Paı	Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status Occupation Employer's name Employer's address How long employed to	■ Employed □ Not employed Self Employed Uber Driver Self 601 St. Johns Place 26 months, IL 60101 here?	□ Em	ployed employed
Par Esti	Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status Occupation Employer's name Employer's address How long employed to the state of the sta	■ Employed □ Not employed Self Employed Uber Driver Self 601 St. Johns Place 26 months, IL 60101 here? you have nothing to report for any	□ Em □ Not	ployed employed

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

			non-	filing spouse
2.	\$	0.00	\$	N/A
3.	+\$	0.00	+\$	N/A
4.	\$	0.00	\$	N/A

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Debtor 1 Kamal S Ashrafi Case number (if known) For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 0.00 \$ N/A List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 0.00 N/A 5b. Mandatory contributions for retirement plans 5b. 0.00 N/A Voluntary contributions for retirement plans 5c. 5c. 0.00 \$ N/A 5d. Required repayments of retirement fund loans 5d. 0.00 \$ N/A 5e. Insurance 5e. \$ 0.00 \$ N/A 5f. **Domestic support obligations** 5f. \$ 0.00 \$ N/A 5g. **Union dues** \$ \$ 5g. 0.00 N/A Other deductions. Specify: 5h. 5h.+ 0.00 \$ N/A Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 0.00 N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A 8. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. 1,600.00 N/A 8h. Interest and dividends 8b. \$ 0.00 N/A 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 N/A 8d. **Unemployment compensation** 8d. 0.00 N/A 8e. **Social Security** 8e. 0.00 N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 \$ N/A 8g. 8g. Pension or retirement income \$ \$ 0.00 N/A Other monthly income. Specify: 8h.+ \$ \$ 8h. 0.00 N/A Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ N/A 1.600.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 1,600.00 \$ 1,600.00 N/A \$ Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 1,600.00 12. applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Yes. Explain:

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Fill	in this informa	tion to identify y	our case:					
Deb	tor 1	Kamal S As	hrafi			Ch	eck if this is:	
	. 0						An amended filing	
	tor 2 buse, if filing)						A supplement show 13 expenses as of	ving postpetition chapter the following date:
``		runtay Court for th	a: NODT	HERN DISTRICT OF ILLIN	OIS.		MM / DD / YYYY	
Office	eu States Dariki	upicy Court for the	e. NON	TILKIN DISTRICT OF ILLIN	013		IVIIVI / DD / TTTT	
1	e number nown)							
Of	ficial Fo	rm 106J						
Sc	chedule	J: Your	Expe	nses				12/1
info	ormation. If manual manual meteor (if know	ore space is nonence is nonence is no nonence is no	eeded, att ery question	e. If two married people ar ach another sheet to this on.				
Par 1.	Is this a joir	ibe Your Hous nt case?	enoia					
	■ No. Go to		in a sepa	rate household?				
	_ 100. 200		a copa					
	_		ust file Offic	cial Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	ebtor 2.	
2.	Do you have	e dependents?	No ■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						☐ Yes
								□ No □ Yes
								□ No
								☐ Yes
								□ No
2	De veur evr	annon innluda	_	_				☐ Yes
3.	expenses o	enses include f people other d your depend	than 📮	No Yes				
Par	2: Estim	ate Your Ongo	ina Month	nly Expenses				
Est	imate your ex	penses as of y	your bank	ruptcy filing date unless y cy is filed. If this is a supp				
Incl	ude expense	s paid for with	non-cash	government assistance i	f vou know			
the		h assistance aı		cluded it on Schedule I: \			Your exp	enses
4.		or home owner and any rent for the		nses for your residence. I or lot.	nclude first mortgag	e 4.	\$	250.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner	's, or rente	r's insurance		4b.	·	0.00
	4c. Home	maintenance r	enair and	upkeep expenses		4c.	\$	0.00

4d. \$ _

0.00

0.00

4d. Homeowner's association or condominium dues

Additional mortgage payments for your residence, such as home equity loans

Kamal S Ashrafi	Case num	ber (if known)	
ies:			
Electricity, heat, natural gas	6a.	\$	50.00
Water, sewer, garbage collection	6b.	\$	50.00
Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	200.00
Other. Specify:	6d.	\$	0.00
d and housekeeping supplies		\$	200.00
dcare and children's education costs	8.	\$	0.00
ning, laundry, and dry cleaning	9.	\$	40.00
onal care products and services	10.	\$	0.00
ical and dental expenses	11.	\$	0.00
sportation. Include gas, maintenance, bus or train fare.			
	12.	\$	0.00
rtainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
itable contributions and religious donations	14.	\$	0.00
· · · · · · · · · · · · · · · · · · ·			
			0.00
		·	335.00
		· ·	90.00
	15d.	\$	0.00
·	16.	\$	0.00
		•	
		· -	345.00
		·	0.00
		·	0.00
· · ·	17d.	\$	0.00
	40	c	0.00
	18.		
• • • • • • • • • • • • • • • • • • • •		\$	0.00
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			0.00
		·	0.00
		·	0.00
			0.00
		·	0.00
		*	0.00
r: Specify:	21.	+\$	0.00
ulate your monthly expenses			
		\$	1,560.00
· · · · · · · · · · · · · · · · · · ·		\$	
		<u> </u>	1,560.00
Add into 22a and 22b. The result is your monthly expenses.		Ψ	1,500.00
Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,600.00
	23b.	-\$	1,560.00
		-	·
		•	40.00
The result is your monthly net income.	23c.	Þ	40.00
	mortgage	payment to increas	se or decrease because of a
, , , ,			
0. Explain here:			
	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning conal care products and services ical and dental expenses isoportation. Include gas, maintenance, bus or train fare. of include car payments. ritable contributions and religious donations rance. of include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Health insurance Vehicle insurance, specify: Do not include taxes deducted from your pay or included in lines 4 or 20. Sify: Jallment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Other. Specify: Telepayments of allimony, maintenance, and support that you did not report as cated from your pay on line 5, Schedule I, Your Income (Official Form 106I). For payments of allimony, maintenance, and support that you did not report as real property expenses not included in lines 4 or 5 of this form or on Schedule and the state taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues For Specify: Utate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. Utate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly expenses from your expenses within the year after you xample, do you expect to finish paying for your car loan within the year or do you expect your ication to the terms of your expenses?	ities: itelectricity, heat, natural gas itelectricity, heat, natural gas Water, sewer, garbage collection 6a. Water, sewer, garbage collection 7belephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: 6d. and housekeeping supplies 7 actare and children's education costs 8 hing, laundry, and dry cleaning 9 gonal care products and services 10 incida and dental expenses 11. sportation. Include gas, maintenance, bus or train fare. 12 of include car payments. 13 intable contributions and religious donations 14 rarance. 15 include insurance deducted from your pay or included in lines 4 or 20. 16 Life insurance 15 include insurance deducted from your pay or included in lines 4 or 20. 17 include insurance. Specify: 18	les: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Intermet, satellite, and cable services Other. Specify: dand housekeeping supplies dare and children's education costs fing, laundry, and dry cleaning and care products and services fical and dental expenses cical and dental expenses cical and dental expenses cital and dental expenses ot include car payments ritatioment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. Uel include des murance deducted from your pay or included in lines 4 or 20. Life insurance 155. Life insurance 156. So Other insurance specify: So Do not include taxes deducted from your pay or included in lines 4 or 20. Life; So Do not include taxes deducted from your pay or included in lines 4 or 20. Life; So Do not include taxes deducted from your pay or included in lines 4 or 20. Life; So Do not include taxes deducted from your pay or included in lines 4 or 20. Life; So Do not include taxes deducted from your pay or included in lines 4 or 20. Life; So Do not include taxes deducted from your pay or included in lines 4 or 20. Life; So Do not include taxes deducted from your pay or included in lines 4 or 20. Life; So Do not include taxes deducted from your pay or included in lines 4 or 20. Life; So Do not include taxes deducted from your pay or included in lines 4 or 20. Life; So Do not include taxes deducted from your pay or included in lines 4 or 20. Life; So Do not include taxes deducted from your pay or included in lines 4 or 20. Life;

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Fill in this info	ormation to identify your	case:				
Debtor 1	Kamal S Ashrafi					
Dahtar 0	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		_	
United States E	Bankruptcy Court for the:	NORTHERN DISTRIC	Γ OF ILLINOIS			
Case number						
(if known)					☐ Check if this is an amended filing	
If two married You must file th		r, both are equally responder, both are equally respondered to the bankruptcy schedule and connection with a ban	onsible for supply	ring correct information		5
Si	gn Below					
Did you p	pay or agree to pay some	one who is NOT an atto	rney to help you t	fill out bankruptcy for	rms?	
■ No						
☐ Yes.	Name of person				ch Bankruptcy Petition Preparer's Notice, claration, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the sun	nmary and sched	ules filed with this de	eclaration and	
X /s/ Ka	amal S Ashrafi		x			
	al S Ashrafi ture of Debtor 1		Sign	ature of Debtor 2		
Date	June 2, 2017		Date	÷		

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Fill in t	his information to identify y	our case:			
Debtor	1 Kamal S Ashr	afi			
	First Name	Middle Name	Last Name		
Debtor (Spouse if		Middle Name	Last Name		
United :	States Bankruptcy Court for the	ne: NORTHERN DISTRICT C	OF ILLINOIS		
Case no					heck if this is an mended filing
State	omplete and accurate as po	al Affairs for Indivicussible. If two married people a ed, attach a separate sheet to	re filing together, both are	equally responsible for sup	
	(if known). Answer every q		Lived Refere		
Part 1:		Marital Status and Where You	Lived Before		
1. Wh	at is your current marital st	atus?			
	Married				
	Not married				
2. Du	ring the last 3 years, have y	ou lived anywhere other than v	where you live now?		
_	No				
_	No Yes. List all of the places yo	ou lived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
De	ebtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
		u ever live with a spouse or leg California, Idaho, Louisiana, Nev			
		Schedule H: Your Codebtors (Of	ficial Form 106H).		
Part 2	Explain the Sources of Y	our Income			
Fill	in the total amount of income	employment or from operating you received from all jobs and a you have income that you receive	all businesses, including part-	time activities.	ndar years?
	No Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	anuary 1 of current year un e you filed for bankruptcy:	til Wages, commissions, bonuses, tips	\$10,000.00	☐ Wages, commissions, bonuses, tips	

Official Form 107

☐ Operating a business

☐ Operating a business

Page 34 of 50 Case number (if known) Document Debtor 1 Kamal S Ashrafi

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2016)		■ Wages, commissions, bonuses, tips	\$17,339.00	☐ Wages, comr bonuses, tips	missions,			
				☐ Operating a business		☐ Operating a b	ousiness	
		dar year bef December 3		■ Wages, commissions, bonuses, tips	\$27,000.00	☐ Wages, comr bonuses, tips	missions,	
				☐ Operating a business		☐ Operating a b	ousiness	
	and other winnings. List each :	public benefi If you are filir	it payments; ng a joint cas ne gross inco	er that income is taxable. Exapensions; rental income; inter e and you have income that y me from each source separat	est; dividends; money collector received together, list it o	ted from lawsuits; r	royalties; and btor 1.	
				Dalita at		D-140		
				Debtor 1 Sources of income	Gross income from	Debtor 2 Sources of inco	ome	Gross income
				Describe below.	each source (before deductions and exclusions)	Describe below.		(before deductions and exclusions)
Par	rt 3: Lis	t Certain Pay	ments You	Made Before You Filed for I	Bankruptcy			
6.	Are eithe ☐ No.	Neither De	btor 1 nor D	s debts primarily consumer ebtor 2 has primarily consu personal, family, or househol	mer debts. Consumer debts	s are defined in 11	U.S.C. § 101	(8) as "incurred by an
		□ No.	90 days befo Go to line 7	re you filed for bankruptcy, die	d you pay any creditor a tota	l of \$6,425* or more	e?	
		□ Yes	paid that cre	each creditor to whom you paid editor. Do not include paymen payments to an attorney for the	ts for domestic support oblig			
		* Subject t		on 4/01/19 and every 3 years		or after the date of	adjustment.	
	■ Yes.			r both have primarily consure you filed for bankruptcy, die		I of \$600 or more?		
		No.	Go to line 7					
		□ Yes	include pay	each creditor to whom you pai ments for domestic support of this bankruptcy case.				
	Creditor'	's Name and	Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	ayment for

Debtor 1 Kamal S Ashrafi Page 35 of 50

Case number (# known)

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.						
	NoYes. List all payments to an insider.						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment	
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	iny property on	account of a d	ebt that benefited an	
	■ No □ Yes. List all payments to an insider						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment ditor's name	
Pai	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures					
9.	Within 1 year before you filed for bankrupte. List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.						
	Case title Case number	Nature of the case	Court or agency		Status of the	ne case	
10.	Within 1 year before you filed for bankrupt. Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garı	nished, attache	d, seized, or levied?	
	Creditor Name and Address	Describe the Property		Dat	te	Value of the property	
		Explain what happened	i				
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No Yes. Fill in the details.		luding a bank or fir	nancial instituti	on, set off any a	amounts from your	
	Creditor Name and Address	Describe the action the	creditor took	Dat tak	te action was en	Amount	
	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes List Certain Gifts and Contributions		erty in the possess	ion of an assigl	nee for the ben	efit of creditors, a	
	Within 2 years before you filed for bankrup	atey did you give any gift.	s with a total value	of more than ¢	600 per person	2	
13.	■ No	ncy, did you give any gins	s with a total value	of more than \$	ooo per person	·	
	Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person	Describe the gifts			tes you gave gifts	Value	
	Person to Whom You Gave the Gift and Address:						

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Case number (if known) Debtor 1 Kamal S Ashrafi 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No п Yes. Fill in the details. Value of property Describe the property you lost and Describe any insurance coverage for the loss Date of your how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Law Offices of Jay M. Reese, P.C. **Attorney Fees** 5/17/2017 \$450.00 262 W. Fullerton Avenue Addison, IL 60101 lawofficeofimreese@sbcglobal.net Law Offices of Jay M. Reese, P.C. **Attorney Fees** May 31, 2017 \$140.00 262 W. Fullerton Avenue Addison, IL 60101 lawofficeofjmreese@sbcglobal.net 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid **Address**

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

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Debtor 1 Kamal S Ashrafi Case number (if known) 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. **Person Who Received Transfer** Description and value of Date transfer was Describe any property or **Address** property transferred payments received or debts made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was made List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Nο Yes. Fill in the details. Last 4 digits of Last balance Name of Financial Institution and Type of account or Date account was Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, have it? Address (Number, Street, City, State and ZIP Code) State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Describe the contents Who else has or had access Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details.

Part 10: Give Details About Environmental Information

Address (Number, Street, City, State and ZIP Code)

Owner's Name

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Describe the property

Where is the property?

(Number, Street, City, State and ZIP

Value

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Debtor 1 Kamal S Ashrafi

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

rt all notices, releases, and proceedings that	you know about regardless of when	they occurred.				
	you know about, regulatess of when	and coourrous				
Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?						
No Yes. Fill in the details.						
	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
lave you notified any governmental unit of ar	ny release of hazardous material?					
No Yes. Fill in the details.						
	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
lave you been a party in any judicial or admir	nistrative proceeding under any envi	ronmental law? Include settlements a	nd orders.			
■ No ■ Yes. Fill in the details.						
	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
11: Give Details About Your Business or Co	onnections to Any Business					
Vithin 4 years before you filed for bankruptcy	, did you own a business or have an	y of the following connections to any	business?			
☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
☐ A partner in a partnership						
☐ An officer, director, or managing executive of a corporation						
☐ An owner of at least 5% of the voting or equity securities of a corporation						
■ No. None of the above applies. Go to Part 12.						
Yes. Check all that apply above and fill in the details below for each business.						
	Describe the nature of the business	Employer Identification number				
10.01.00	Name of accountant or bookkeeper	Dates business existed	iumber of friiv.			
	r, did you give a financial statement t	o anyone about your business? Inclu	de all financial			
No						
Yes. Fill in the details below.						
Address	Date Issued					
	No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code)	No Yes. Fill in the details. No	As any governmental unit notified you that you may be liable or potentially liable under or in violation of an environme No Yes, Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes, Fill in the details. Same of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes, Fill in the details. Covernmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes, Fill in the details. Case Title Case Number Case Number Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No No Address (Number, Street, City, State and ZIP Code) No No Court or agency Name Address (Number, Street, City, State and ZIP Code) No No Court or agency Name Address (Number, Street, City, State and ZIP Code) No No Details About Your Business or Connections to Any Business Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any Address (Number, Street, City, State and ZIP Code) No None of the above applies. Go to Part 12. Yes, Check all that apply above and fill in the details below for each business Name of accountant or bookkeeper No None of the above applies. Go to Part 12. Yes, Check all that apply above and fill in the details below for each business Name of accountant or bookkeeper No No Parts, Fill in the details below. Name Address Date Issued No Note of the details below. Name Date Issued			

Part 12: Sign Below

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are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Kamal S Ashrafi Signature of Debtor 2 Kamal S Ashrafi Signature of Debtor 1 Date Date June 2, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	ation to identify your	case:		
Debtor 1	Kamal S Ashrafi			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	_
United States Ban	kruptcy Court for the:	NORTHERN DIST	FRICT OF ILLINOIS	
0				
Case number (if known)				Check if this is an amended filing
Official For	m 108			
Statemen	t of Intentio	n for Indiv	riduals Filing Under Ch	apter 7 12/15
	ridual filing under cha	-	l out this form if:	
_	claims secured by yo		at assuing d	
You must file this	er is earlier, unless th	ithin 30 days after	ot expired. you file your bankruptcy petition or by the e time for cause. You must also send copic	
	ople are filing togethe	r in a joint case, bo	th are equally responsible for supplying co	orrect information. Both debtors must
	nd accurate as possib ur name and case nur		s needed, attach a separate sheet to this fo	rm. On the top of any additional pages,
Part 1: List You	ur Creditors Who Hav	e Secured Claims		
1. For any credito	rs that you listed in Pa	art 1 of Schedule D	: Creditors Who Have Claims Secured by F	Property (Official Form 106D), fill in the
information bel	ow.			
identity the cred	ditor and the property t	nat is collateral	What do you intend to do with the prope secures a debt?	erty that Did you claim the property as exempt on Schedule C?
	ank of America		☐ Surrender the property.	□ No
name:			Retain the property and redeem it.Retain the property and enter into a	■ Yes
	Automobile purch	ase Ioan	Reaffirmation Agreement.	_ 100
property securing debt:			☐ Retain the property and [explain]:	
Part 2: List You	ur Unovnirod Porcona	I Proporty Loggos		
For any unexpired		ase that you listed	in Schedule G: Executory Contracts and U	. ,
			expired leases are leases that are still in eithe trustee does not assume it. 11 U.S.C. §	
Describe your un	expired personal pro	perty leases		Will the lease be assumed?
Lessor's name:				□ No
Description of leas Property:	sed			☐ Yes
Loccoric name:				_
Lessor's name: Description of leas	sed			□ No
Property:				☐ Yes

Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

Lessor's name:

☐ No

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Deb	tor 1 Kamal S Ashrafi	Case number (if known)
	cription of leased	
⊃ro	perty:	☐ Yes
	sor's name:	□ No
	cription of leased perty:	☐ Yes
	sor's name:	□ No
	cription of leased perty:	☐ Yes
	sor's name: cription of leased	□ No
	perty:	☐ Yes
	sor's name:	□ No
	cription of leased perty:	☐ Yes
⊃ar	3: Sign Below	
	er penalty of perjury, I declare that I have indicated my intention erty that is subject to an unexpired lease.	about any property of my estate that secures a debt and any personal
X	/s/ Kamal S Ashrafi	X
	Kamal S Ashrafi Signature of Debtor 1	Signature of Debtor 2
	Date June 2, 2017	Date

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	er 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

6/02/17 3:56PM

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

6/02/17 3:56PM

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

6/02/17 3:56PM

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-17095 Doc 1 Filed 06/02/17 Entered 06/02/17 15:58:14 Desc Main Document Page 46 of 50

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In r	e Kamal S Ashrafi		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF	COMPENSATION OF ATTORNE	EY FOR DI	EBTOR(S)
1.	compensation paid to me within one year b	ankr. P. 2016(b), I certify that I am the attorney for perfore the filing of the petition in bankruptcy, or agontemplation of or in connection with the bankrupt	greed to be paid	to me, for services rendered or to
		cept	\$	985.00
	Prior to the filing of this statement I h	ave received	\$	255.00
			\$	730.00
2.	The source of the compensation paid to me	e was:		
	■ Debtor □ Other (specify)):		
3.	The source of compensation to be paid to r	me is:		
	■ Debtor □ Other (specify)):		
4.	■ I have not agreed to share the above-di	isclosed compensation with any other person unles	ss they are mem	abers and associates of my law firm.
		osed compensation with a person or persons who a list of the names of the people sharing in the com-		
5.	In return for the above-disclosed fee, I have	ve agreed to render legal service for all aspects of t	he bankruptcy	case, including:
	b. Preparation and filing of any petition, s	ion, and rendering advice to the debtor in determine chedules, statement of affairs and plan which may sting of creditors and confirmation hearing, and any	be required;	
	Negotiations with secured c	reditors to reduce to market value; exempt d applications as needed; preparation and liens on household goods.		
6.		e-disclosed fee does not include the following servers in any dischargeability actions, judicial laing.		es, relief from stay actions or
		CERTIFICATION		
this	I certify that the foregoing is a complete st bankruptcy proceeding.	atement of any agreement or arrangement for payr	ment to me for i	representation of the debtor(s) in
	June 2, 2017	/s/ Jay M. Reese		
	Date	Jay M. Reese 2301873	3	
		Signature of Attorney Law Offices of Jay M.	Reese P.C	
		262 W. Fullerton Aver		
		Addison, IL 60101		
		630-628-0773 Fax: 63 lawofficeofjmreese@		f
		Name of law firm	ancylonal.ile	<u>. </u>

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United States Bankruptcy Court Northern District of Illinois

		Not then District of Hillions		
In re	Kamal S Ashrafi		Case No.	
		Debtor(s)	Chapter	7
	VE	RIFICATION OF CREDITOR M	IATRIX	
		Number of	Creditors:	28
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credit	tors is true and	correct to the best of my
Date:	June 2, 2017	/s/ Kamal S Ashrafi Kamal S Ashrafi Signature of Debtor		

Advocate Medical Group 75 Remittance Dr. Suite 1773 Chicago, IL 60675

AES/EFS FI P.O. Box 61047 Harrisburg, PA 17106

Alliance One 4850 Street Rd. Suite 300 Feasterville Trevose, PA 19053

Associated Pathology Consultants 2634 Solutions Center Chicago, IL 60677

AT & T PO Box 5014 Carol Stream, IL 60197-5014

Bank of America PO Box 982238 El Paso, TX 79998-2238

Bank of America P.O. Box 45144 Jacksonville, FL 32231

Best Buy/CBNA P.O. Box 6497 Sioux Falls, SD 57117

Citi P.O. Box 6004 Sioux Falls, SD 57117-6004

Client Services, Inc. 3451 Harry Truman Blvd Saint Charles, MO 63301-4047

Credit Collection Service 725 Canton Street Norwood, MA 02062 Credit First P.O. Box 81410 Cleveland, OH 44181

Crown Asset management 3355 Breckenridge Blvd Duluth, GA 30095

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Medical Business Bureau PO Box 1219 Park Ridge, IL 60068-7219

NCC 815 Commerce Dr. Suite 270 Oak Brook, IL 60523

Northstar Location Services, LLC Attn: Financial Services Dept PO Box 49 Bowmansville, NY 14026-0049

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